

## PART B - FEE(S) TRANSMITTAL

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26111 7590 01/30/2008

**STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.**  
**1100 NEW YORK AVENUE, N.W.**  
**WASHINGTON, DC 20005**

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(Depositor's name)  
(Signature)  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,015	12/02/2003	Andrew Geall	1530.0610001/EJH/UWJ	3181

TITLE OF INVENTION: METHOD FOR PRODUCING STERILE POLYNUCLEOTIDE BASED MEDICAMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, RICHARD A	1635	424-450000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Sterne, Kessler, Goldstein & Fox P.L.L.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1
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		3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vical Incorporated

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached. (Online credit card pymt. auth. attached)  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

*4/29/08*

Typed or printed name Ulrike Winkler Jenks

Registration No. 59,044

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